

*Provide complete and accurate information. Use the Remarks section or continuation sheets as necessary.*

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This image shows a full page of blank, lined paper. It features approximately 28 horizontal blue or grey lines spaced evenly apart, typical of notebook paper. The lines extend across the entire width of the page, leaving small margins at the top and bottom. There are no vertical lines, text, or other markings on the page.

## CONTRACT EXPERIENCE AND PAST PERFORMANCE INFORMATION

**Make as many copies of this form as necessary.**

**Have references complete this information and submit it directly to the Contracting Officer.**

(Use the "Profile Code" numbers in the same sequence as entered in item 7a of the Company Capability, Experience and Past Performance Information Form. In Block 7 below show whether the company was the prime contractor "P," a subcontractor "S," or a consultant "C.". Also show if the company participated as a joint venture, "JV," and the percentage of participation. Attach continuation sheets as necessary.)

<b>1. Primary Profile Code</b>	<b>2. Secondary Profile Codes</b> (list all that apply)	<b>3. Contract Number:</b>	<b>4. Period of Performance:</b> <b>From:</b>  <b>To:</b>	<b>5. Annual Value of Contract</b>  \$
<b>6. Work Name and Location:</b>			<b>7. Indicate: "P," "S," "C," &amp; "JV &amp; Percentage</b>	
<b>8. Company's/Owner's Name and Address:</b>		<b>9. Company's/Owner's Point of Contact Name and Address:</b>		
Telephone		Facsimile:		
Telephone:		Facsimile:		
<b>10. Indicate if Specifications were:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Routine work  <input type="checkbox"/> Complex work  <input type="checkbox"/> Prescriptive  <input type="checkbox"/> Performance Based  <input type="checkbox"/> Combination prescriptive and performance based             </div> <div style="width: 45%;"> <input type="checkbox"/> Primarily day shift  <input type="checkbox"/> Night shift  <input type="checkbox"/> Combination of Both             </div> </div> <div style="margin-top: 5px;"> <input type="checkbox"/> Both              If complex, what made it complex:         </div>				
<b>11. Scope of Work/Specifications:</b> <i>(Describe the major and minor tasks required under this contract.)</i> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>				
<b>12. Conditions of Performance:</b> <i>(Describe unusual requirements, constraints on performance, etc., such as if contract was for an emergency situation, time or mobilization constraints, performing in severe weather, etc.)</i> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div>				
<b>13. Specific Facts Concerning the Building(s):</b> <i>(If more than one building in the contract break out the information for each one separately.)</i> <ol style="list-style-type: none"> <li>a. Number of buildings serviced in the contract _____</li> <li>b. Number of Building Occupants: _____ or Percentage of Building Occupied: _____</li> <li>c. Building Owners and Maintenance Association's (BOMA) square footage of building(s) serviced: <input type="checkbox"/> 0 – 50,000    <input type="checkbox"/> 50,001 to 100,000  <div style="margin-left: 20px;"> <input type="checkbox"/> 100,001 to 250,000    <input type="checkbox"/> 250,001 to 500,000    <input type="checkbox"/> Over 500,000                 </div> </li> <li>d. Type of Space in building(s): <input type="checkbox"/> general office    <input type="checkbox"/> executive office    <input type="checkbox"/> warehouse    <input type="checkbox"/> medical    <input type="checkbox"/> day care    <input type="checkbox"/> laboratory    <input type="checkbox"/> computer  <div style="margin-left: 20px;"> <input type="checkbox"/> court space    <input type="checkbox"/> garages    <input type="checkbox"/> grounds    <input type="checkbox"/> physical fitness    <input type="checkbox"/> parking lot    <input type="checkbox"/> retail    <input type="checkbox"/> other: _____                 </div> </li> <li>e. Approximate area of perimeter of building(s) maintained (grounds, snow, etc.) _____ sq. ft. or acres.</li> <li>f. Did the building(s) require security clearances? <input type="checkbox"/> YES    <input type="checkbox"/> NO</li> </ol>				

**14. Specific Facts Concerning the Contract:**

a. Were all options available on this contract exercised? ☐ YES ☐ NO ☐ Not Required

If NO why not?

b. Were there additions or deletions to the services negotiated during the period of the contract? ☐ YES ☐ NO

If yes for what services?

c. Were claims filed on this contract? ☐ YES ☐ NO

If yes, what  
for?

d. Were performance related deficiencies corrected in a timely manner? ☐ YES ☐ NO

If NO why not?

e. Was there a mutual cancellation clause in your contract? ☐ YES ☐ NO Was it utilized? ☐ YES ☐ NO

If YES by which party and  
why?

f. Was equipment required to be provided by you? ☐ YES ☐ NO

g. Were supplies and materials required to be provided by you? ☐ YES ☐ NO

h. Did the contract require a minimum number of manhours? ☐ YES ☐ NO

i. Number of supervisors you provided: \_\_\_\_\_ Number of employees you provided: \_\_\_\_\_

j. Were your key personnel committed to customer satisfaction on this contract? ☐ YES ☐ NO

k. Was recycled products, supplies, or materials used in performance? ☐ YES ☐ NO ☐ Not Required

l. Number of accidents you reported on this contract: \_\_\_\_\_

m. Number of safety violations received on this contract: \_\_\_\_\_

n. Were there any Department of Labor issues or violations on this contract? ☐ YES ☐ NO

If YES what for?

o. Were there any immigration law issues or violations on this contract? ☐ YES ☐ NO

If YES what for?

p. Did you meet your small disadvantaged business target goals on this contract? ☐ YES ☐ NO ☐ Not Required

If NO why not?

**14a. Provide Subcontracting Information:** *(Use continuation sheet(s) if necessary.)*Number of subcontractors utilized on this contract: \_\_\_\_\_ Was a subcontracting plan required? ☐ YES ☐ NO

Company Name/Address/Telephone	Type Work Performed in the Contract	Percentage of Work Performed in Contract
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_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____		

Company Name/Address/Telephone	Type Work Performed in the Contract	Percentage of Work Performed in Contract
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_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____		

Company Name/Address/Telephone	Type Work Performed in the Contract	Percentage of Work Performed in Contract
--------------------------------	-------------------------------------	--

_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____		

**14b.** Have you meet your obligations in a timely manner with all of your subcontractors not just those listed above? ☐ YES ☐ NO

If no why not?

\_\_\_\_\_

**14c.** Did you meet your subcontracting goals on this contract? ☐ YES ☐ NO ☐ Not Required

If NO why not?

\_\_\_\_\_

**15. Describe Cost Management Measures:** *(Cost type contract.)*

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**16. Statement concerning an unfavorable performance evaluation:** (If you received an unfavorable evaluation on this contract, provide detailed information concerning the circumstances. You may use a continuation sheet if necessary.) \_\_\_\_\_

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